

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90046 038 \*\*\*\*61.25

**DOCUMENT # 767286**

1. Entity Name

**BUCKWOOD HOMES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 12805  
 TALLAHASSEE FL 32317

P.O. BOX 12805  
 TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2266119**

Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWELL, BERNADINE**  
**1908 S BARNWAY ST**  
**TALLAHASSEE FL 32311**

Name **Shann Lawson**

Street Address (P.O. Box Number is Not Acceptable)  
**4105 Bothwell Terrace**

City **Tallahassee**

**FL**

Zip Code **32311**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Shann Lawson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TEETER, ANN</b>	
STREET ADDRESS	<b>4179 BENCHMARK TRACE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<del>SD</del>	<input type="checkbox"/> Delete
NAME	<b>QUILLMAN, JOHN T.</b>	
STREET ADDRESS	<b>1900 S BARN WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOWELL, BERNADINE</b>	
STREET ADDRESS	<b>1908 S BARNWAY ST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOWNS, BARBARA</b>	
STREET ADDRESS	<b>4288 BENCHMARK TRACE</b>	
CITY-ST-ZIP	<b>TALLASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Louanne Widick</b>	
STREET ADDRESS	<b>4331 Benchmark Trace</b>	
CITY-ST-ZIP	<b>Tall. FL 32311</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Quillman, John T.</b>	
STREET ADDRESS	<b>1900 S. Barnway</b>	
CITY-ST-ZIP	<b>Tall., FL. 32311</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shann Lawson</b>	
STREET ADDRESS	<b>4105 Bothwell Terrace</b>	
CITY-ST-ZIP	<b>Tall., FL 32311</b>	
TITLE	<del>SD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linda Thomas</b>	
STREET ADDRESS	<b>4319 Benchmark Trace</b>	
CITY-ST-ZIP	<b>Tall., FL 32311</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mark Robinson</b>	
STREET ADDRESS	<b>4110 E. Bugleview</b>	
CITY-ST-ZIP	<b>Tall. FL 32311</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shann Lawson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

(850) 487-1008

Daytime Phone #

CR2E037 (10/00)